ARIZONA STATE BOARD OF HEALTH  State File No. 2 2 4	
I I. PLACE OF BIRTH	ITAL STATISTICS Registered No.
County Hely State Anyma	
District or Township	
City No. I ward No. Off birth occurred has hospital or institution, give its NAME instead of street and number)	
2. Full name of child Saby Mendoya supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other. 6. Legitimate 1. 7. Date of birth Jordan Jor	
/ 8. FATHER	14. MOTHER
Full name Mother refuses to	Full maiden name Beatre's Veralta
9. Residence (Usual place of abode) Take	15. Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race of father	16. Color or race
11. Are af last birthday(Years)	Music Care 17. Age at last birthday(Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Clip ton
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of Industry	Nature of Industry
1	re and now living 21. Were precautions taken against oph- thalmia neonatorum?
certified and including this child.) (c) Stillborn	
I hereby certify that I attended the birth of this child, who was full form at firm on the date above stated.	
(Born alive of stillbook)	
*When there was no attending physician or midwife, then the father, householder, ctc., should make this return. A stillborn child is one that neither breathes nor	Charle 6 mm
shows other evidence of life after birth.  Given name added from	(Physician or midwifa.)
a supplement report.  Month, day, year	
041-430-271 Filed 5/12 1930 5. E. Weighton and	
Registrar,	Registrar.

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